

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-037496

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED OCT 22 1962

Primary Registration District No.

3000

Registrar's No.

319

VS 300
Rev. 4/59

10017

20010

3

4 **0**

5 **1**

6

7 **1**

8 **2**

94201

10

11

12 **3-2**

13 **1-0**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kirkville

Length of stay in 1b

life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Laughlin

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY **Adair**

admission)

c. CITY

Kirkville

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

RFD # 2

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

AUGUST

F.

STIVERS

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

9-1-1907

9. AGE (last birthday)

55

10. IF UNDER 1 YEAR

Months

1

Days

15

Hours

15

Min.

15

11. IF UNDER 24 HR

Hours

15

Min.

15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Jig & Fixture Builder

10b. KIND OF BUSINESS OR INDUSTRY

McDonald Aircraft

11. BIRTHPLACE (City and state or country)

Moulton, Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William L. Stivers

13b. MOTHER'S MAIDEN NAME

Georgia Phelps

14. NAME OF HUSBAND OR WIFE

Iola Stivers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
yes W.W. II

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Iola Stivers Kirkville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

8 hours.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **10-15-62** to **10-16-62** and last saw **him** alive on **10-15-62**

Death occurred at **8:12 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard P. Valuck D.O. Laughlin Hosp. Kirkville Mo 10-16-62

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-18-1962

23c. NAME OF CEMETERY OR CREMATORY

Ownbey

23d. LOCATION (City, town, or county)

Kirkville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Dee Riley Funeral Home, Inc. 415 North Franklin Kirkville, Missouri

25. DATE RECD. BY LOCAL REG.

10-18-1962

26. REGISTRAR'S SIGNATURE

Don W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

No permit issued.

RICHARD P. VARNER, D.D.

OCT 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.